

2009/2010 Broomball Registration Form

Entry Fee must accompany this form. You may register by mail, in person, or over the phone with a major credit card (651)558-2255.

Only one (1) form of payment (cash, check or credit/debit card) will be accepted. No MONEY ORDERS.

Please make checks payable to: **Municipal Athletics**
1500 N. Rice St.
St. Paul, MN 55117

(Office Use Only):

Date Received _____

Amount _____

Check# _____

Receipt # _____

Staff Initials _____

Team Name _____

Managers Name _____

Email Address (*schedules will be emailed*) _____

Address _____

City _____ Zip _____ Day Phone () _____

Eve Phone () _____ Cell Phone () _____

Division of play	Men's		Women's		Co-Rec	
Day of Play/Class	Mon	D+	Thurs	C	Mon	C
	Mon	D	Thurs	D	Tue	C
	Tue	C			Tue	D
	Tue	D			Fri	C
	Wed	C			Fri	D
	Wed	D+				
	Wed	D				

Are you a returning team from last year? Yes No

I have read the enclosed conduct policy and will relay it to my team. I will be responsible for the conduct of my team.

Manager/Team Representative

